

DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LICENSING PROGRAMS  
(Model Form)

**INDEPENDENT FOSTER HOMES  
REPORT OF MAJOR ILLNESS, INJURIES, ACCIDENTS  
OR SERIOUS INCIDENTS**

CHILD'S NAME: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

DESCRIPTION OF INCIDENT:

ACTIONS TAKEN BY INDEPENDENT FOSTER PARENT:

REPORT MADE TO PARENTS: \_\_\_\_\_  
Date Time

REPORT MADE TO LICENSING REPRESENTATIVE: \_\_\_\_\_  
Date Time